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UTILITY PATENT APPLICATION TRANSMITTAL

PTO

Attomey Docket No.	2355.12107	
First Name	d Inventor or Application Identifier	
	KIYOHIDE SATOH	
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(Only I	тог нем попртоvізіонаї арріісаці	ons under 37 CFR 1.53(b))	Express Mail	Label No.			
APPLICATION ELEMENTS			-			ioner for Patents	
See MPEP chapter 600 concerning utility patent application contents.		. ADDR	ESS TO:	Box Pate	nt Application on, DC 20231	-	
1. X	Fee Transmittal Form (Submit an original, and a dup	licate for fee processing)	7.	Microfiche (Computer Progran	a.	
2. X	Specification	Total Pages 48	8.		and/or Amino Acid e, all necessary)	Sequence Submissign	
3. X	Drawing(s) (35 USC 113)	Total Sheets 8			Computer Readabl	e Copy cal to computer copy)	
4.	Patent Application Bibliographi Data Sheet	ic Total Sheets		c S	Statement verifying	identity of above copies	
				ACCOM	PANYING APPLIC	CATION PARTS	
5. X	Oath or Declaration	Total Pages 1	9. X	Assignment I	Papers (cover sheet	& document(s))	
		Newly executed (original or copy)			(b) Statement is an assignee)	Power of Attorney	,
	b. Unexecuted for information purposes c. Copy from a prior application (37 CFR 1.63(d))			English Tra	nslation Documen	t (if applicable)	
M. M	(for continuation/divisional with Box 18 completed) [Note Box 6 below] i. DELETION OF INVENTOR(S)		12. X	Information Statement (Disclosure (IDS)/PTO-1449	Copies of IDS Citations	
	Signed Statement attached deleting inventor(s)			Preliminary	Amendment		
[_6] [0	6. Incorporation By Reference (useable if Box 5c is checked)				eipt Postcard (MP	•	
57			by 15.	Small Entity Statement(s		ent filed in prior application still proper and desired	
			16.	Certified Copy of Priority Document(s) (if foreign priority is claimed)			
			17.	Other:		.	
8. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:							
Continuation Divisional Continuation-in-part (CIP) of prior application No/ Prior application information: Examiner Group/Art Unit:							
19. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below				pondence address below			
NAME							
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Address			 				
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	98-20 =	78	X \$ 18.00 =	\$1,404.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	5-3 =	2	X \$ 78.00 =	\$ 156.00
	MULTIPLE DEPENDENT	Γ CLAIMS (if applicable) (37	CFR 1.16(d))	\$260.00 =	\$ 260.00
				BASIC FEE (37 CFR 1.16(a))	\$ 690.00
			Total of	above Calculations =	\$2,510.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$2,510.00
a. b. c.	A small er and desire	ntity statement is enclose ntity statement was filed in ed. er claimed.		al application and suc	h status is still proper
1.	A check in the amo	unt of \$ <u>2,510.00</u>	to cover the filing for	ee is enclosed.	
	A check in the amo	unt of \$ <u>40.00</u>	to cover the recordal fe	ee is enclosed.	
	e Commissioner is hereby . 06-1 <u>205:</u>	authorized to credit ove	rpayments or charge the	e following fees to Dep	oosit Account
a.	X Fees requ	ired under 37 CFR 1.16.			
b.	X Fees requ	ired under 37 CFR 1.17.			

	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	Brian L. Klock, Reg. No. 36,570
SIGNATURE	15-1 Mar
DATE	August 28, 2000

Fees required under 37 CFR 1.18.

BLK/fdb

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